


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  <b>FY 2009</b>  <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number Q80934	
Application Number		Filing Date	
10/594,839		September 28, 2006	
For	EXTERNAL PREPARATION FOR SKIN		
Art Unit	1623	Examiner Name	GOON, SCARLETT Y
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00      \$130.00
<input type="checkbox"/>	Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00
<input type="checkbox"/>	Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00
<input type="checkbox"/>	Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00
<input type="checkbox"/>	Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00
<input type="checkbox"/>	Previous Payment Amount	Date Submitted	
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880.		
I am the <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> applicant/inventor  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>65,686</u>  <input type="checkbox"/> attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34 _____ </div> <div style="text-align: center;"> WASHINGTON OFFICE  <b>23373</b>  CUSTOMER NUMBER </div> </div>			
 _____ Signature		September 20, 2010 _____ Date	
Katherine G. Jarosz _____ Typed or printed name		(202) 857-3356 _____ Telephone Number	
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of <u>1</u> form is submitted.		

Express Mail No.